



STATE OF CONNECTICUT
TEACHERS' RETIREMENT BOARD
21 GRAND STREET HARTFORD, CT 06106-1500
Toll-Free 1-800-504-1102 (860) 241-8400 Fax (860) 525-6018 www.ct.gov/trb

FEDERAL AND CT TAX WITHHOLDING CHANGE FORM

Print Your Name

Social Security Number

Address

City

State

Zip

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/01/

Home Phone Number

Email Address

Month Effective

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FEDERAL TAX ELECTION

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Please select one option below:

1. ☐ No withholding. I realize that I am liable for payment of Federal Income Tax on my Teachers' Retirement Benefit.

2. ☐ I wish to have \$_____ withheld monthly for Federal Income Tax.

3. ☐ I would like to have the computer calculate the withholding based on the following status and exemptions:

Circle One:

Married

Single

Exemptions: _____

(TRB will code zero exemptions if none is specified)

Optional for choice 3: I wish to have \$_____ withheld from my monthly benefit payment in addition to the withholding based on status and exemptions.

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CONNECTICUT TAX ELECTION

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CTRB can only withhold State taxes for the State of Connecticut. If you have any questions on your Connecticut tax obligation, contact the Department of Revenue at 1-800-382-9463 (in CT) or 1-860-297-5962 (in Hartford, CT) or visit their website @ www.ct.gov/drs.

1. ☐ I elect to have \$_____ withheld monthly for Connecticut Income Tax.
(Whole dollar amount only, percentages not acceptable)

2. ☐ I elect to have **NO** Connecticut income tax withheld from my Teachers' Retirement benefit.

Member's Signature

Date

Please return this completed form to the Connecticut Teachers' Retirement Board at the above address no later than the first day of the month for the change to take place the end of that same month. (Checks for the month are issued at the end of that month.)